DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION PROVIDER FOLLOW-UP REPORT

Provider: NE CENTER FOR CHILDREN.	Provider Address: 33 Turnpike Rd , Southboro

Name of Person Julie Weiss
Completing Form:

Date(s) of Review: 24-APR-15 to 27-APR-15

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	6/6

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Summary of Ratings

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L8
Indicator	Emergency Fact Sheets
	Emergency fact sheets were missing significant diagnoses like Autism Disorder. The agency needs to update individua'ls emergency fact sheets to include all significant diagnoses, including Autism Disorder.
	All Emergency Fact Sheets have been updated to include diagnosis of Autism or PDD-NOS, as well as all medical diagnoses. Emergency Fact Sheets will be reviewed at least semi-annually by Program Coordinator or any time there is a medical change or other significant change in an individual's life.
Status at follow-up	Completed
Rating	Met

Indicator #	L15
Indicator	Hot water
Area Need Improvement	The residence's hot water tested 135 degrees for the shower and 130 degrees for the sink, which is above the required temperatures. It was corrected immediately. The agency needs to ensure through regular testing that the hot water remains between 110 and 120 degrees.
Process Utilized to correct and review indicator	The hot water is tested monthly by the maintenance technician at the home. This system will continue to ensure the water temperature is between 110-120 degrees. Findings will be forwarded monthly to the Program Director.
Status at follow-up	Completed
Rating	Met

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Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	The health care record had all the required information for two individuals, but was missing significant information for the third individual whose record was audited. The agency needs to ensure all health care records are complete including significant diagnoses and medication.
Process Utilized to correct and review indicator	The Health Care Record will be reviewed annually to be submitted with the ISP as well as reviewed following every medical appointment to ensure any new information is added in a timely basis.
Status at follow-up	Completed medications and diagnoses updated for all individuals.
Rating	Met

Indicator #	L55
Indicator	Informed consent
Area Need Improvement	The agency's form that was used to obtain an individual's consent for use of likeness in publication and video was broad in scope and not event specific. The agency needs to revise its consent form to be specific to one event, with event specific timeframes.
Process Utilized to correct and review indicator	NECC updated the individual consent for media release and use to be specific to one event only.
Status at follow-up	Completed
Rating	Met

Indicator #	L86
Indicator	Required assessments
•	Required assessments were not submitted within the required timeframe for the ISP meeting. The agency needs to ensure that required assessments are completed and submitted 15 days before the ISP meeting.

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	A timeline/calendar has been developed by the Program Specialist to ensure that NECC is meeting the deadlines for ISP on HCSIS including completing assessments and submitting at least 15 days prior to meeting.
Status at follow-up	Completed
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	Support strategies were not submitted within the required timeframe for the ISP meeting. The agency needs to ensure that required assessments are completed and submitted 15 days before the ISP meeting.
Process Utilized to correct and review indicator	A timeline/calendar has been developed by the Program Specialist to ensure that NECC is meeting the deadlines for ISP on HCSIS including completing assessments and submitting at least 15 days prior to meeting.
Status at follow-up	Completed
Rating	Met